

ANXIETY DISORDER IN ADOLESCENCE: A NARRATIVE REVIEW OF THE LITERATURE

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Abstract: Objective: Assess the prevalence of anxiety in adolescence, the characteristic symptoms and the impacts on quality of life. **Literature review:** Anxiety is a future feeling, essential, but pathological in excess. Anxiety disorder, which affects more than 450 million people globally, can be associated with limitations in daily activities and comorbidities such as cardiovascular disease. Among adolescents, Panic Disorder and Social Phobia prevail from 9% to 32%, respectively. The prevalence of anxiety in adolescence varies from 5.2% to 20%, linked to factors such as age, gender and education, with symptoms such as nervousness, tachycardia and concentration difficulties. Furthermore, behavioral and environmental factors influence its emergence. As a result of this situation, anxiety harms the academic and social performance of young people, impacting interpersonal and family relationships. Untreated pathologies are influenced by parental rigidity and bullying, worsening disorders and harming the well-being of individuals. **Final considerations:** It is concluded that there is a low dissemination of information about the prevalence, symptoms and their impacts on the quality of life of these adolescents, and a multidisciplinary approach and preventive measures are essential to promote emotional well-being at this critical stage of development.

Keywords: Anxiety disorder, Adolescents, Prevalence, Symptoms, Quality of life.

INTRODUCTION

Anxiety is a feeling directed towards the future, being an association of vague and unpleasant fear, anguish and worry, characterized by discomfort and tension arising from the anticipation of something unknown and strange (CRUZ et al., 2020). According to Clark and Beck (2012), emotions such as fear and anxiety are normal reactions and play an important role in human survival,

as they prepare the individual for situations of imminent danger (GROLI et al., 2017). However, they are recognized as pathological when they are exaggerated, disproportionate in relation to the stimulus, or qualitatively different from the standard observed in a certain age group and interfering with the individual's quality of life, emotional comfort or daily performance (GOMES et al., 2016).

Anxiety can be characterized as a set of physiological and emotional signs and symptoms, from the mental to the existential field (GUIMARÃES et al., 2022). These sensations are regulated by the autonomic nervous system, which prepares the subject to face dangerous situations, generating adaptations that aim to achieve a greater degree of success for the individual, causing neurovegetative symptoms, such as insomnia, paleness, dizziness, among others. Such behaviors occur through the combined actions of neural circuits emerging from the amygdala, the nucleus of the stria terminalis of the ventral hippocampus and the prefrontal cortex. This combination causes the release of adrenocorticotrophic hormone, inducing the release of cortisol. Continuous adrenocorticotrophic activation leads to dysfunction and death of hippocampal neurons. Individuals with a hyperfunctioning amygdala can develop disorders such as anxiety, panic attacks, PTSD (post-traumatic stress disorder) and suicide. Furthermore, the production of serotonin in anxious individuals is also affected (CUNHA et al., 2021).

In Brazil, according to article 2 of the Child and Adolescent Statute (Law No. 8,069 of July 13, 1990), adolescence is determined from 12 to 18 years of age (BRAZIL, 1990). It is a period of intense changes in human development, marked by biological changes in puberty and the individual's biopsychosocial maturity. During this phase, they are faced with new realities and challenges that may

be very different from what they have faced before. Consequently, it is common for them to react to these changes with feelings of anxiety, considering the difficulty of adapting to this new phase of life. This anxiety often arises from uncertainty about the future, social and academic pressures, and personal expectations, which can create a challenging environment for young people to adapt to their evolution (BATISTA et al., 2005). Therefore, adolescence is a period of great vulnerability for the emergence of symptoms of depression and anxiety (HORN et al.; 2021).

Anxiety can be manifested through some symptoms, such as: tremors or a feeling of weakness; muscle tension or pain; restlessness; easy fatigue; shortness of breath or feeling short of breath; palpitations; sweating, cold and clammy hands; dry mouth; vertigo and dizziness; nausea and diarrhea; flushing or chills; urinary frequency; lump in the throat; impatience; exaggerated response to surprise; difficulty concentrating or impaired memory; difficulty falling asleep and maintaining sleep and irritability (BATISTA et al., 2005). In order to classify an individual as having anxiety disorders, it is essential that the symptoms they manifest meet the diagnostic criteria established in Psychiatry manuals. At the same time, it is crucial that the person experiences significant emotional distress and has their daily functioning compromised. Furthermore, concerns related to the problem must be persistent and long-lasting, to the point of taking up a substantial portion of the person's time, making it difficult to control these intrusive thoughts (LENHARDTK et al., 2017)

Anxiety Disorders (SAD) significantly affect the child and adolescent population, being the most frequent, after attention deficit disorder (ADHD) and Conduct Disorder (ASBAHR 2004). Anxiety disorders, both in children and adults, have an estimated prevalence of 9% and 15% respectively. In

children and adolescents, the most frequent anxiety disorders are separation anxiety disorder (SAD), with a prevalence of around 4%, excessive anxiety disorder or the current GAD is between 2.7% and 4.6% and specific phobias (FE) in 2.4% to 3.3%. The prevalence of social phobia (SF) is around 1% and that of panic disorder (PD) is 0.6%. In the COVID-19 pandemic, the prevalence of anxiety in adolescents was around 20.5%. Thus, 1 in 5 young people presented clinically elevated anxiety symptoms (RACINE et al. 2021).

According to a 2017 report by the World Health Organization, anxiety disorders are the psychopathologies that most affect the world population, with Brazil leading the ranking of affected population among the countries surveyed (WHO, 2017). The lifetime prevalence of anxiety disorders in the US is approximately 34% in the US. English studies show that the prevalence of mental disorders in adolescence can reach 20% per year (TOURINHO et al., 2020). In regions of Brazil, this prevalence is 28.1% throughout life (MANGOLINI et al., 2019; SZUHANY et al., 2022). Furthermore, it is important to mention that gender also plays a significant role in increasing the chances of experiencing anxiety symptoms. This gender disparity can persist throughout adolescence and beyond, with the highest prevalence of symptoms being in early adolescence (HORN et al.; 2021). When the disorder occurs in childhood or adolescence and there is no adequate therapy, there is an increase in the possibility of progressive worsening of the morbid condition throughout life (WALKUP et al., 2008). Furthermore, anxiety symptoms in adolescence are usually associated with the development of other psychopathologies in adulthood, such as depression, anxiety disorders, substance use and academic or social maladjustment (FONSECA et al., 2011; PETERSEN, 2011).

Therefore, this narrative review of the literature aims to analyze the prevalence of anxiety disorders in adolescents, their characteristic symptoms and their impacts on quality of life in this age group.

BIBLIOGRAPHIC REVIEW

DEFINITION

Anxiety is a feeling focused on the future, composed of vague fear, anguish and worry, related to the anticipation of the unknown (CRUZ et al., 2020). While normal reactions such as fear and anxiety are essential for human survival, they become pathological when they are exaggerated, disproportionate or significantly interfere with quality of life and daily performance (GROLLI et al., 2017; GOMES et al., 2016).

Anxiety disorder is characterized by excessive and persistent worry, as well as an exaggerated fear of specific situations. Many describe it as a constant feeling of negative anticipation. It affects more than 450 million people globally, with symptoms of anxiety being prominent. Often, other conditions, such as cardiovascular and kidney disease, are comorbid. This disorder impacts daily activities, leading many to avoid their routines for fear of crises or symptoms (SOBRINHO et al., 2020; COSTA CO, et al., 2019).

MOST COMMON TYPES

Anxiety disorders are among the most common psychiatric conditions in young people, with community studies indicating a period prevalence of between 9% and 32% during childhood and adolescence (CRESWELL et al., 2014). The most common anxiety disorders in adolescents are Panic Disorder and Social Phobia (CASTILLO et al., 2001; ASBAHR, 2004).

Panic Disorder (PD) is characterized by the presence of panic attacks (presence

of intense fear of dying, associated with numerous autonomic symptoms, such as tachycardia, sweating, dizziness, shortness of breath, chest pain, abdominal pain, tremors), followed by an insistent apprehension of new episodes occurring. The frequency of this disorder is more present in late adolescence. Furthermore, 30 to 50% of patients may develop agoraphobia, which consists of the fear of being in situations or places with no way out. Social Phobia (SF) presents itself as a persistent and intense fear of situations in which the person believes they are exposed to the evaluation of others or behaving in some humiliating or shameful way. In young people, anxiety can be expressed by crying, tantrums or withdrawal from social situations where known people are not present (ASBAHR, 2004).

PREVALENCE

The prevalence of anxiety disorders exhibits great variability. In a study, it was found that in the age group of 7 to 14 years, anxiety had a prevalence of approximately 5.2%. Another survey revealed that the prevalence of anxiety among children and adolescents was between 15% and 20% (TAVARES et al. 2022).

When evaluating the prevalence of anxiety in adolescents, it was seen that females are the most affected. The variables of gender, age group and education were associated (SANTOS et al., 2021; DOS SANTOS et al., 2021). Regarding age, the most common age group would be between 12 and 15 years old and in some anxiety disorders they increase over time or are age-specific (GROLI et al., 2017). When gender is associated with education, there is a prevalence of 10% to 30% of women with less education (FILHO, et al., 2013). Furthermore, girls have higher scores for anxiety symptoms and, in relation to the age group, younger people suffer more from anxiety (HORN et al., 2021). Analyzing the

occurrence and severity of symptoms, women more frequently present moderate and severe symptoms compared to men (LOPES et al., 2018).

SYMPTOMATOLOGY

Anxiety is an emotion that arises in response to a general perception of danger, alerting people to the presence of something fearful. This state is characterized by agitation that manifests itself at both a physiological and cognitive level. Physiological manifestations include agitation, hyperactivity and impulsive movements, while cognitive manifestations are manifested through heightened attention and vigilance towards the environment, thoughts and possible adverse events. These symptoms may be transient or may represent a stable and lasting response, with intensity varying from subtle levels to extremely high levels (BATISTA et al., 2005).

When analyzing the regular clinical symptoms of anxiety disorders in adolescence, suffering, nervousness, abdominal pain, sweating, tachycardia, nausea, palpitations and pre-syncope are the main symptoms presented (NOGUEIRA et al., 2021). Symptoms of headache, dyspnea and stomach pain, muscle tension, restlessness, early fatigue, concentration difficulties, sleep disorders and tremor may also be present (KONKIEWITZ et al., 2013; SANTOS et al., 2021). Furthermore, some important factors for the development of anxiety disorders in adolescents are highlighted, for example: gender, behavioral factors, such as: one's own ability to adapt, inhibition and fear, and environmental factors, such as poverty, rejection of peers, family neglect, interparental conflict, high parental control or the presence of some family psychopathology. Some of the behavioral factors are the ability to adapt, inhibition and fear, and environmental factors include poverty, peer rejection, family neglect,

interparental conflict, high parental control or the presence of some family psychopathology. (NOGUEIRA et al., 2021).

IMPACTS ON QUALITY OF LIFE

Mental health challenges during adolescence have the potential to adversely affect psychological and emotional well-being, as well as compromising physical functioning, mood, thinking, attention and concentration. Dealing with anxiety is challenging for adults, and for developing young people, the challenges are even more complex. School pressure, family and social interactions contribute to a potential devaluation of life, resulting in the renunciation of moments of pleasure in the face of factors that affect their fundamental instinct (FLÔR et al., 2022).

The permanence of symptoms can negatively affect the quality of life of adolescents. This way, there is a significant loss in the academic, social and personal functioning of young people with anxiety; especially due to the fact that most cases do not receive treatment (KONKIEWITZ et al., 2013).

Anxiety brings limitations to social relationships, due to the feeling of oppression arising from observations made by parents, teachers and colleagues themselves. This way, there is a significant interference in interpersonal coexistence, communication and lack of personal care that favors the occurrence of functional losses that affect academic performance, productivity, family or professional work, social, family and affective relationships, associated with economic losses, significantly compromising the quality of life of sufferers (SANTOS et al., 2021). Furthermore, anxiety can be influenced by psychological or untreated pathologies, such as delays in speech and emotional development. It is also noteworthy that parents' rigidity in relation to their children's behavior demands reinforces

the feeling of anxiety and bullying is one of the causes of psychological blocks and mental disorders until adulthood, contributing to the worsening of anxiety disorders, which directly affects the well-being of individuals (SOUSA et al., 2023).

FINAL CONSIDERATIONS

This analysis revealed the significant prevalence of anxiety in adolescence, encompassing disorders such as panic and social phobia, the impacts of which can persist into adulthood without adequate treatment. The complexity of these disorders is compounded by gender, age and socioeconomic influences, while physical and emotional symptoms, from tremors to insomnia, manifest themselves on a daily basis. The studies analyzed emphasize the need for comprehensive interventions, considering clinical approaches and environmental factors. The absence of treatment can cause significant damage to daily functioning and social relationships, highlighting the importance of prevention to promote the emotional well-being and quality of life of adolescents. The study highlights the importance of a holistic approach to dealing with anxiety in adolescence. Identifying symptoms early, understanding underlying factors and implementing effective intervention strategies are crucial to promoting emotional well-being in young people. From this perspective, the creation of public prevention measures and greater dissemination of information about the impact of these symptoms are essential, encouraging future research to identify other risk factors and mitigation strategies.

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